

Obviously, we have a big problem on the southern border. If you have been paying attention to what is on TV, at the beginning of the year, about 50,000 people were arriving here every month. We are now, we believe, at 100,000 people illegally entering this country.

One of the reasons this is happening, it is not surprising that people from other countries think the United States does not enforce their immigration laws. Many local governments are sanctuary cities, sanctuary counties, or even sanctuary States, sending the clear message to people in other parts of the world: the United States does not enforce their immigration laws.

Sadly, even in my home State of Wisconsin, the Governor of Wisconsin pulled the Wisconsin Air National Guard off the border, sending the message that a Governor of a State does not apparently believe we should be spending money enforcing our immigration laws.

The chief executives of the biggest city in the country and the biggest State in the country have both made it clear that they will provide, or want to provide, free medical care to people who come here.

By the way, I should point out that, right now, at a time when so many Americans have huge deductibles, they are almost better off being here illegally and getting the free medical care than our citizens are.

In any event, it is not surprising that we are flooded with people who want to come here.

Another evidence of that is this body's refusal to appropriate enough money to build the wall. Now, in the last week—at least, it has been put out there—we have the majority party's suggestion or guidance for where we are going to spend money in the next budget.

Now, Madam Speaker, given the crisis at the border, you would think the biggest increase in the next budget compared to the 2020 budget would be at Homeland Security—but, no.

So the people back home understand, when we pass our annual appropriations, when we fund the budget, we break it into 12 different subcommittees, subcommittees like Agriculture, Rural Development, Food and Drug Administration, and Related Agencies; subcommittees like State, Foreign Operations, and Related Programs; subcommittees like Defense and the subcommittee in charge of protecting our southern border, Homeland Security.

Of the 12 groups that this body is going to vote on, which classification is getting the smallest increase in this budget? Homeland Security. One more time, the Congress itself is sending the message that we do not take our immigration laws seriously.

It is time for us to send the message to people abroad that they should be taking our immigration laws seriously. After all, given the complete irresponsibility from so many politicians up here, it doesn't surprise me people

think we don't take our immigration laws seriously.

What can we do?

Well, recently FAIR came out with a report in which they guessed that maybe over half the people who are in this country illegally are getting some sort of public benefit. When I went down to the border in Arizona awhile back and talked to Customs people who went through people's wallets and people's purses, they found evidence of people receiving public benefits who were not citizens here.

I am glad our HUD Secretary is beginning to look into the, I believe, large number of people here illegally taking advantage of low-income housing.

I want to point out, there is nothing wrong with legal immigrants coming here. Neither myself nor Donald Trump, who ran on this issue, want to decrease the 700,000 people who are sworn in every year as legal immigrants, and we do not want to decrease the 4 million people who are here on legal work visas. As a matter of fact, we said, if need be, we would even increase that.

But to have so many people come here illegally is, no question, a huge problem. I would suggest to President Trump, because you can't wait for Congress to do anything around here, that he send a message that, when Secretary Carson finds people in low-income housing who are here illegally, they should be deported.

I certainly have anecdotal evidence from back home that people who are here illegally are benefiting from SNAP benefits; and people who are, again, here illegally taking—not deporting everybody, but if they are taking advantage of our public benefits, again, they should return home and try to make a living in their home country or get benefits available in their home country.

The next thing I would like to see happen, I know it is something President Trump ran on—I think it is time he rings the bell—is ending birthright citizenship. Birthright citizenship is something that can cause somebody to become legal here whose parents are illegal.

We should not reward illegal behavior by having people come here illegally and have a child in the country; not to mention, it is not right to encourage pregnant people to just fly here and have a baby in this country and wind up having their family stay here legally by that way as well.

One thing that intrigues me is that apparently Canada is looking to get rid of their birthright citizenship law, one of the few other Western countries that has it. It would be very embarrassing if Justin Trudeau's Canada gets rid of the antiquated birthright citizenship law ahead of Donald Trump's United States.

In any event, I strongly encourage President Trump to counteract the message being sent by so many other

elected officials and make it clear that our immigration laws are to be taken seriously.

Please, Mr. Trump, send the message. Congress is paralyzed. Stand up not only to the people overtly discouraging and ignoring our immigration laws, but stand up to the Chamber of Commerce lobby and say that, in the future, we want our immigrants to be picked, merit-based immigrants, not whoever decides to break the law.

Madam Speaker, I yield back the balance of my time.

#### BLACK MATERNAL HEALTH CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentlewoman from North Carolina (Ms. ADAMS) for 30 minutes.

##### GENERAL LEAVE

Ms. ADAMS. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Ms. ADAMS. Madam Speaker, I rise today as the founder and co-chair of the Black Maternal Health Caucus. I want to take this time to briefly speak about the importance of Black maternal health.

Our country is in the midst of a national public crisis. Black mothers are dying.

Across the country, Black women from all walks of life are dying from preventable pregnancy-related complications at three to four times the rate of non-Hispanic White women. Sixty percent of maternal deaths are preventable. Their infants are twice as likely to die by their first birthday as infants born to White mothers.

Black women are 50 percent more likely than non-Hispanic White women to give birth preterm, accounting for more than half of the disparity in infant mortality rates among Black and non-Hispanic White women.

Reducing this gap through interventions like better medical care and increased social support can improve maternal outcomes for African American women, while also reducing racial disparities in infant mortality.

Research suggests that the cumulative stress of racism and sexism undermines Black women's health, making them more vulnerable to complications that endanger their lives and the lives of their infants. Unfortunately, current healthcare practices are inadequate in addressing the health consequences of living with the stress.

As a Black mother and as a grandmother, this issue is very personal to me. That is why Representative LAUREN UNDERWOOD and I founded the Black Maternal Health Caucus, with

the goal of closing the racial disparities gap.

The caucus aims to raise awareness about this crisis, to educate Members of Congress, and to find meaningful legislative solutions to improve maternal health outcomes. We intend to amplify the voices and needs of mothers and families all across this Nation.

I have been working closely with healthcare providers and with stakeholders and policymakers to begin identifying a comprehensive path forward for eliminating these disparities.

On average, African American women receive lower quality healthcare than their non-Hispanic White peers. This disparity in care quality starts as early as birth, with African American infants in neonatal intensive care units receiving lower quality care than non-Hispanic White infants.

□ 2045

This continues throughout adulthood with three out of four Black women giving birth at low-quality hospitals where their risk of poor maternal health outcomes is the highest.

More than a third of Black women undergo cesarean sections, C-sections, even for low-risk pregnancies. This is 4 percent higher than the U.S. average, higher than any other racial or ethnic group.

Although a C-section can save lives when a pregnancy is high risk, it is, nevertheless, a major surgical procedure accompanied by risks, including surgical injury to either the mother or infant, infection, and heavy bleeding.

Here we have a few areas that we need to focus on. We must improve access to critical services. We must improve the quality of care provided to pregnant women. And we must address maternal and infant mental health.

May is Mental Health Month. Too often, however, maternal and infant mental health problems go unrecognized or unaddressed, particularly for women and infants of color, with devastating consequences.

We should also enhance supportive services for families before and after birth. All families need support to thrive, but not all have the support that they need.

Adjusting to parenthood can be especially difficult for families experiencing economic insecurity. As a consequence of structural racism, many families experiencing this insecurity are in lower-income communities of color.

Programs that help families meet their basic needs—including nutrition assistance, housing assistance, and other social supports—are underfunded, and the application and enrollment process can be difficult and time-consuming.

We must also improve data collection and oversight. Collecting and sharing reliable, consistent data on maternal and infant mortality is essential to developing solutions.

Although some progress has been made, such as H.R. 1318, which helped

to provide States with resources for maternal mortality review committees, there is still more work we need to do.

To address these problems, Federal policymakers should help States standardize and improve the quality of the data being collected and ensure diversity among stakeholders who serve on mortality review committees.

There is no easy fix for this issue. It is going to require many steps to begin closing the gaps.

I look forward to working with my colleagues to begin implementing some of these important strategies to save our mothers.

Madam Speaker, I yield to the gentlewoman from Michigan (Mrs. LAWRENCE), my good friend who is co-chair of the Democratic Women's Caucus.

Mrs. LAWRENCE. Madam Speaker, I am proud to be here today, and I thank my colleagues, Representative ADAMS and Representative UNDERWOOD, for establishing the Black Maternal Health Caucus, of which I am a proud member.

I also want to recognize my colleague ROBIN KELLY for her continuous leadership in healthcare when it comes to maternal health.

I am also here to let the public know that this issue of maternal health is a priority for the Women's Caucus here in Congress. As my colleague ALMA ADAMS has said, we in America have a crisis. Maternal mortality is not only a public health crisis, but it is also an American crisis.

It is an American crisis because we are the highest for any developed country in the world when it comes to deaths from maternal mortality. The CDC reported this week that most of the maternal mortality deaths in our country are preventable.

It saddens me that the maternal mortality rate in the United States, again, is the highest among developed countries in the world. We have women, mostly Black women and women of color, dying for no reason. It is unacceptable. It is heartbreaking.

In my home State of Michigan, 80 to 90 maternal deaths occur every year. These are women who are losing their lives to give birth.

We must do all that we can to end this crisis. As a leader on this issue, joining my other colleagues in their leadership, I look forward to working on both sides of the aisle to address this issue.

Madam Speaker, when we elected a record number of women to Congress this Congress, this issue, which has been escalating year after year, has finally been brought to the forefront. I am proud to say, when a woman sits at the table, the conversation changes, and we will fight for the lives of women giving birth.

To every woman who has given birth, who has been a parent, I want to say happy Mother's Day. We are fighting to make sure that every woman coming forth to be a mother can live.

Ms. ADAMS. Madam Speaker, I thank the congresswoman from Michi-

gan, not only for her work with the Women's Caucus but all of her work in this area.

Of course, when we can improve the quality of health for women, we are going to make our families much more sustainable.

Madam Speaker, it is my pleasure to welcome someone who has been a leader on the issue of health, who chairs the CBC Health Braintrust, and who has continued to lift her voice in the area of health.

She is a member, as well, of the Energy and Commerce Committee. She is also the founder of the Black Women and Girls Caucus.

I am pleased to have my colleague from the State of Illinois, ROBIN KELLY, join us this evening to speak on this issue.

Madam Speaker, I yield to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Madam Speaker, I thank my colleague from the great State of North Carolina and my colleague from the great State of Michigan.

I rise today because American moms are tragically dying. The majority of these deaths are entirely preventable, as we have heard.

This weekend is Mother's Day, the day when we celebrate our mothers, grandmothers, aunts, stepmothers, and all the women who love and nurture us. There will be brunches and mimosas, cards and flowers, backyard barbecues and fancy dinners. Or it might just be a quick call saying: Hey, Mom, I love you.

But each year, more than 700 American kids begin their lives without moms. Nearly 100 of these deaths are in my State of Illinois. These kids will never know their moms or celebrate a Mother's Day with her because of America's embarrassing maternal mortality crisis.

Perhaps most shocking of all, a recent CDC report shows that 60 percent of these deaths are entirely preventable.

While hundreds die, thousands suffer severe health complications that can endanger their lives and limit the ability of mothers to care for their families.

Recently, Serena Williams and Beyonce have boldly spoken out about their personal experiences with these terrifying complications.

As the mother and stepmother of adult daughters, it worries me that it will be more dangerous for them to have a baby today than it was for me to have them 20 years ago.

On nearly every health issue, death rates have declined, except for pregnancy and birth-related deaths. In fact, America is the only developed Nation where the number of women dying continues to grow.

We can and must do better because all mommas deserve the chance to be mommas.

What can be done? Last year, Congress came together in a moment of bipartisanism to pass the Preventing

Maternal Deaths Act thanks to the leadership of Congresswoman HERRERA BEUTLER and Senator Heitkamp. This law will standardize data and reporting so we have a clearer picture of this crisis.

Building on this bipartisan progress, I have proposed a comprehensive, multipronged approach called the Mothers and Offspring Mortality and Morbidity Awareness Act, or, simply, the MOMMA's Act.

It starts by expanding what is working. It builds on last year's work to further standardize data and reporting. It also takes the highly successful Alliance for Innovation on Maternal Health program, called the AIM program, developed by our Nation's obstetricians and gynecologists and grows it.

AIM's emergency protocols and best shared practices are already saving lives in hundreds of U.S. hospitals. The MOMMA's Act would leverage Federal resources and publications to grow this proven program.

It also uses another proven strategy to prevent future deaths: mortality review committees. These committees examine every tragic death in great detail to prevent further ones.

When the city of Philadelphia established one, it cut the number of deaths by 75 percent in just 1 year. Imagine what we could do with a nationwide committee.

The MOMMA's Act also addresses a bizarre gap in current law that prevents many mothers from seeing their doctor. We know that one-third of deaths occur after giving birth. Right now, moms on Medicaid lose their coverage just 60 days after giving birth, but it takes a woman's body a full year to recover.

More than 70 percent of moms will have some complications within a year of giving birth. These mothers should be able to see their doctors and get the care they need.

While we are seeing approximately the same rate of maternal deaths regardless of a woman's income, education level, or other demographics, the recent CDC report shows that Black, American Indian, and Native Alaskan mothers are dying at more than three times the rate of White mothers. In my home State of Illinois, that disparity climbs to six times more likely to die for Black moms.

My bill directly addresses this disparity by pushing for culturally competent care throughout the care continuum.

As we celebrate Mother's Day, I hope my colleagues will join me in working to ensure that everyone gets a chance to know a mother's warm love and affection.

We can prevent mothers from dying. We know how. The question is, do we have the will?

Ms. ADAMS. Madam Speaker, I thank my colleague from Illinois, not only for her comments tonight but for all the work that she has done in this area.

It is a preventable issue and something that we can do something about. That is why we are here tonight to shed some more light on this, Madam Speaker, and to try to make sure that we are all educated so that we will know.

This comes right on the heels of Mother's Day. As we think about our mothers, our grandmothers, and all of those who have been mentors to us, this is an issue that we want to try to make right.

Madam Speaker, I am pleased to welcome the congresswoman from California, who is a senior member on the Appropriations Committee, has been a champion of reproductive rights, and sits on the Budget Committee.

Madam Speaker, I yield to the gentlewoman from California (Ms. LEE), my colleague.

Ms. LEE of California. Madam Speaker, I thank Representative ADAMS.

First, I have to thank the gentlewoman for her tremendous leadership on so many issues. Our young people at our Historically Black Colleges and Universities really owe her a debt of gratitude.

I thank her and Congresswoman UNDERWOOD for forming the Black Maternal Health Caucus, and also Congresswoman ROBIN KELLY, who has been such a tremendous leader in healthcare. Her MOMMA's Act, which I am proud to cosponsor, is really, truly, making a huge difference already.

The horror of health disparities for African American women in many ways is very personal to me. Let me just share a quick story about my birth.

When my mother, Congresswoman ADAMS, went into labor—this was in El Paso, Texas—she went to the hospital, and she needed a cesarean section. They refused her admission, and she nearly died as a result.

By the time the very racist—it was a hospital that did not allow African Americans into the hospital. By the time they allowed her in, though, after my grandmother had to fight to get her in—as she told me the story over and over again as a child—they put her on a gurney in the hall. They just left her there. Again, she needed a C-section.

She became delirious, became unconscious. Somebody finally saw her. By then, it was too late to do a C-section.

They pulled her in, and the doctors really didn't know quite what to do. They finally decided to deliver me using forceps.

My mother almost died. I almost didn't get here. And I bore those scars on my eye, the forceps scars, for many years. They went away just a few years ago, actually.

□ 2100

I share that story because here we are now, in 2019, and we are talking about many of the same issues that my mother had to face, maternal death, infant mortality with African American women now here in this country.

We have gone backwards. The United Nations did a report indicating that we have gone back 25 years in this country. This is unacceptable. It is totally unacceptable.

As a member of the Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee, though, we are working every day to address the crisis swiftly and with a firm resolve to turn the tide on these unacceptable disparities in health plaguing the African American community and African American women.

It is utterly unacceptable that Black women are four times more likely to die—again, I have to think about my mother tonight—four times more likely to die from preventable pregnancy complications than White women. We do have a Black maternal health crisis in America.

So as we celebrate Mother's Day, and as we honor our grandmothers and our aunts and our mothers for giving us life, let us recommit ourselves, on their behalf, to improving Black maternal outcomes.

But also, as Congresswoman ADAMS continues to remind us, we must address the structural racism, structural racism which is really at the core of this deadly issue. And it is a deadly issue.

So let me just remind us tonight that Black lives do matter.

Ms. ADAMS. Madam Speaker, I thank Congresswoman LEE. Black lives matter, and Black mamas' lives matter.

As you talked about your mother giving birth to you and the story that she told, I thought—I was reminded of 13 years ago, my daughter giving birth to her daughter who, they both almost didn't make it. She had a very difficult pregnancy, right at the end. She had to have a Cesarean, what we call a C-section, and she had to give blood. All kinds of things started going wrong at the last minute.

And once she did return home—because the baby was premature, 2 months early, once she did go home, probably less than 10 days, she had to go back, she was having complications.

So the problems that our women have don't always occur while you are in the hospital, so they need to have that support, not only before the baby is born, but even after.

I thought about that, and it was a very difficult time for us. But now you wouldn't believe my granddaughter is taller than I am, and she is a really healthy young lady, a beautiful young lady.

But you have to think about that, that it does not matter. I think I may have heard the gentlewoman or one of our other speakers say, even your socioeconomic status, all those things really don't matter. Sometimes doctors don't really listen to women.

Ms. LEE. Madam Speaker, I say to Congresswoman ADAMS, race is a factor in everything in this country, and especially in terms of maternal deaths and

infant mortality rates with Black women.

Ms. ADAMS. Madam Speaker, I thank the gentlewoman for her leadership and for all that she continues to do. I appreciate that very, very much; and thank her for being here as we kick off this Mother's Day. I am missing my mom. I know the gentlewoman is missing hers because they passed away very close to each other.

Ms. LEE. Madam Speaker, it was very close, very close. It is very difficult coming toward this Mother's Day, but we have to thank them and honor them for giving us life.

Ms. ADAMS. Madam Speaker, I thank the gentlewoman for being here and for her support of what we are trying to do collectively here in Congress.

Madam Speaker, it is my pleasure at this point to introduce another warrior, a champion here in the U.S. House, a member of the Judiciary Committee, Homeland Security Committee, who has continued to lift her voice over and over and over again.

Madam Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentlewoman from North Carolina has 6½ minutes remaining.

Ms. ADAMS. Madam Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, first of all, let me thank Congresswoman ALMA ADAMS for gathering us a couple of weeks ago to stand and be counted as members of the Black Maternal Mortality Caucus; and to continue her recognition that if we don't become problem solvers the problems will continue.

So I want to join with my colleagues, and, in particular, Congresswoman ADAMS and Congresswoman LEE, both of whom I knew in the time that they were going through the loss of their moms.

A mom and a mother are always a mom and a mother, so let me, in the name of my late mother, who I continue to remember, Ivalita Bennett Jackson, indicate that we stand here in your name and in the names of young mothers around the Nation and young mothers-to-be.

I don't believe we could be doing a more important task than what we are doing, to not only bring relevance and substance to this question of why Black women, African American women, suffer more with maternal mortality and infant mortality; because we know what happens when that bond is broken by death or sickness, particularly in the infant stages of a young child's life.

So I want to remind us of the beauty of pregnancy, and particularly, those pregnancies that these young women are certainly evidencing, just the beauty of the spirit, the softness of their

faces and the contours of their body, excitement. If you have been around a pregnant expectant mother, meaning expectant of joy and excitement, then you understand.

Should they not live? Should they not live, and should their children, their babies not live?

We have come to find out that Black women are three to four times as likely than White women to die of pregnancy-related causes. A Black baby born today is twice as likely as a White baby born the same day, in the same California city—and I will mention the fact that California has made great strides—to perish before she can take her first steps or experience her first birthday.

One in seven babies are born too soon or too small. We have euphemisms that mask the real impact of the maternal healthcare crisis. Good prenatal and maternity care is critically important for healthy pregnancies and healthy children.

Congresswoman ADAMS knows that we have been on the floor discussing access to healthcare. We know that pregnancy has been described as a pre-existing condition, which means that women, even if they could, could not access good healthcare.

Collectively, we need to make greater efforts to arm the next generation with the right mix of robustness and agility and, I would say, righteousness; that we are righteously indignant that we live in the greatest Nation in the world, and here we are talking about the death of mothers and the death of their infant child.

As I listened to Congresswoman ADAMS speak of her beautiful, taller-than-her grandchild, imagine that she says the healthcare that her daughter had, in spite of the horrific challenges—just think if she did not, or no one had listened to her about the pain in her body or how she felt.

That is one the things that we find with Black women, that, in fact, they are not paid attention to as relates to the pain and medical symptoms that are represented by them. They are dismissed or taken less seriously.

Let me quickly say that, as the senior member on the Crime Subcommittee, I have had the privilege of knowing that crime impacts humanity in many different ways. And so I introduced legislation called H.R. 5130, the Stop Infant Mortality and Recidivism Reduction Act of 2016.

I am very glad, as I wrote the Violence Against Women Act, that I was able to include the SIMARRA Act in the 115th Congress, but it was proudly passed in H.R. 1585, the Violence Against Women Reauthorization Act of 2019.

The SIMARRA Act permits the Bureau of Prisons to improve the effectiveness and efficiency of Federal pris-

on systems for pregnant offenders, many of whom are African American, by establishing a pilot program, a critical stage, and developmental nurseries in Federal prisons for children born to inmates.

The SIMARRA Act helps decrease, unprecedentedly high current infant mortality rates by allowing inmate mothers to provide healthy and safe gestation for their unborn, as well as providing a space for bonding with infants during their first 30 months of life.

It is important to administer effective services for pregnant, incarcerated women and transcend our divide, to protect families and continue sheltering the lives of our most vulnerable children, babies born to mothers in prison.

And although males account for 96 percent of the deaths, according to the U.S. Department of Justice, in 2014, the number of female prisoners who died was 154.

I use this example to simply say, we found a problem in incarcerated women, many of them African American, and we sought to get in the way of that problem by finding a solution, to be able to help those mothers have a healthy pregnancy and those babies be born.

So let me just simply say that I am glad to be on the floor to be with my sisters. I am unhappy to be on the floor because, as we stand here today, some African American mother is losing her life in birth or losing the life of her child. That is how devastating maternal mortality is.

I thank the gentlewoman for her leadership, and I am here to stand with her and fight with her, and this caucus is going to help save lives. We are saving lives tonight.

Ms. ADAMS. Madam Speaker, I want to thank all of my colleagues for being here, and I yield back.

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#### BILL PRESENTED TO THE PRESIDENT

Cheryl L. Johnson, Clerk of the House, reported that on May 2, 2019, she presented to the President of the United States, for his approval, the following bill:

H.R. 1222. To amend the Pittman-Robertson Wildlife Restoration Act to facilitate the establishment of additional or expanded public target ranges in certain States.

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#### ADJOURNMENT

Ms. ADAMS. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 11 minutes p.m.), the House adjourned until tomorrow, Friday, May 10, 2019, at 9 a.m.